

# TEMPERATURE LOG IDAHO IMMUNIZATION PROGRAM (IIP)



Facility Name: \_\_\_\_\_

Month: \_\_\_\_\_

Year: \_\_\_\_\_

**Days 1-15**

\*\*\*Record all temperatures in Fahrenheit ( °F)\*\*\*

REFRIGERATOR																														
Staff Initials	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Day of Month	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Time --																														
Actual temp. > 49																														
49																														
48																														
47																														
Temps above 46 °F may damage vaccine. Return to the proper temperature range immediately. Contact the IIP for questions about higher temps.																														
45 - 46																														
43 - 44																														
41 - 42																														
39 - 40																														
37 - 38																														
35 - 36																														
If temperature is below 35 °F, vaccine may be damaged. Return to the proper temperature range immediately.																														
34																														
33																														
If temperature is below 32 °F, vaccine may be unusable. Contact the Idaho Immunization Program immediately.																														
32																														
31																														
30																														
29																														
Actual temp. < 29																														
FREEZER																														
>7 or actual temp.																														
7																														
6																														
If temperature is above 5 °F, Varicella vaccine may be unusable. Contact the Idaho Immunization Program immediately.																														
5																														
4																														
3																														
< 2 or actual temp.																														

**Instructions:** Place an "X" in the box that corresponds with the temperature (rows), and for the day of the month and AM / PM (columns).

GRAY

=

**Danger! - Vaccine is outside of recommended range. Immediate action is required.**

RED

=

**Danger! - Vaccine may be damaged. Contact the IIP and manufacturers immediately.**

Facility Name: \_\_\_\_\_

Month: \_\_\_\_\_

Year: \_\_\_\_\_

Days 16 - EOM

\*\*\*Record all temperatures in Fahrenheit ( °F)\*\*\*

REFRIGERATOR																																
Staff Initials																																
Day of Month	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm		
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